Medgar Evers College Health Services Office

Immunization Form

Name _____ Social Security #_____/_____/_____

Address _____

Phone (___) _____ - _____ Birth Date ___/___/___ Sex [ ] Male [ ] Female

Dear Student:

New York State Public Health Law 2165 requires that college students born on or after January 1, 1957, must present proof of immunity against Measles, Mumps, and Rubella.

EXEMPTIONS:

⇒ All students born before January 1, 1957, Proof of age required – copy of a birth certificate or driver's license.
⇒ Documentation of medical contraindications by a physician.
⇒ Documentation of sincere religious belief which prohibits immunization.

Please have your doctor/clinic fill out all applicable sections below and return to the address indicated **before** registration. Failure to comply with this request will block your registration and/or make you ineligible to attend class and may affect financial aid. **Immunization forms MUST be returned no later than two weeks before your scheduled registration date.**

Part 1 – ATTACH OFFICIAL IMMUNIZATION DOCUMENTATION OR HAVE THIS FORM COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER. ALL DOCUMENTATION MUST HAVE AN OFFICIAL SIGNATURE AND STAMP.

Measles on or after 1/1/1968 or after the first birthday ..... Date ____/____/____

AND / OR

M.M.R. (Measles, Mumps, Rubella) (Two doses; after 1/1/1972)

1. Dose 1 given at age 12 months or later ..... Date ____/____/____
2. Second dose given after 15 months of age ..... Date ____/____/____

OR

3. **Laboratory Report proving immunity must be submitted.**

Physician Signature/Stamp required _____
Address: _____
Date: _____ Phone # : _____

New York State Public Health Law 2167 requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form to your college campus health office within thirty days, or you will be blocked from registration and from attending classes.

Meningococcal Meningitis.

Part 2 – TO BE COMPLETED BY STUDENTS OR PARENT/GUARDIAN FOR STUDENT UNDER THE AGE OF 18.

Check one box and sign below.

I have:

- ☐ received the information regarding meningococcal meningitis disease and vaccine, including information regarding the availability and cost of the meningococcal meningitis vaccine. I have decided that I (my child) will **not** obtain immunization against meningococcal meningitis disease.
- ☐ received the information regarding meningococcal meningitis disease and vaccine, including information regarding the availability and cost of the meningococcal meningitis vaccine. I received the meningococcal meningitis immunization (Menomune™) within the past 10 years.
  Date received: _____

Signed _____ Date _____
(Student)

Signed _____ Date _____
(Parent/Guardian if student is a minor)

Return form to: Medgar Evers College Health Services Office, "S" Building, Room 217
1637 Bedford Avenue, Brooklyn, NY 11225 ♦ Telephone (718) 270-6075 ♦ Fax (718) 270-6241

*** Note: Please secure a copy of your own and submit original to us.**

Please see reverse side for immunization information.

Don't Let

MEASLES, MUMPS, OR RUBELLA
Keep You Out of College!

As of Spring 1993, Medgar Evers College has required that **all students <u>comply</u>** with **New York State's Public Health Law 2165**.

This law requires that college students **born on or after January 1, 1957** present proof of immunity against Measles, Mumps, and Rubella. Acceptable proof must indicate one of the following:

1. Two doses of measles vaccine administered on or after January 1, 1968 and after 12 months of age. Second dose to be administered at least 28 days after first dose.

   One dose of live mumps vaccine administered after 12 months of age and on or after January 1, 1969.

   One dose of live rubella vaccine administered after 12 months of age and on or after January 1, 1969.

2. Blood test (titer) showing immunity to all three diseases, including lab report with range of positive.

3. If the student is not able to access his/her immunization record from the medical provider or previous school, documentation that proves the student attended primary or secondary school in the United States since 1980 will be sufficient proof that the student received one dose of live measles vaccine.

4. ALL students born **before** January 1, 1957, need to submit proof of age by means of a copy of a birth certificate <u>or</u> driver's license, after which they are legally exempt.

OTHER EXEMPTIONS

- Documentation of medical contraindications by a physician.
- Documentation of religious belief that prohibits immunization.

Please submit your proof of immunization to the Medgar Evers College Health Services Office. If you have any questions please contact the Center:

Location: "S" Building - Room 217
Telephone: (718) 270-6075 – Fax (718) 270-6241

Get Immunized

Student Affairs/Health Services